

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		06/08/00
O.I.P.E. CLASSIFIER		8	6-1500
FORMALITY REVIEW	<i>ll</i>	823	7/24/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date				
Final	Original				
1	✓	9-10-01	✓	✓	✓
2	✓	9-10-01	✓	✓	✓
3	✓	9-10-01	✓	✓	✓
4	✓	9-10-01	✓	✓	✓
5	✓	9-10-01	✓	✓	✓
6	✓	9-10-01	✓	✓	✓
7	✓	9-10-01	✓	✓	✓
8	✓	9-10-01	✓	✓	✓
9	✓	9-10-01	✓	✓	✓
10	✓	9-10-01	✓	✓	✓
11	✓	9-10-01	✓	✓	✓
12	✓	9-10-01	✓	✓	✓
13	✓	9-10-01	✓	✓	✓
14	✓	9-10-01	✓	✓	✓
15	✓	9-10-01	✓	✓	✓
16	✓	9-10-01	✓	✓	✓
17	✓	9-10-01	✓	✓	✓
18	✓	9-10-01	✓	✓	✓
19	✓	9-10-01	✓	✓	✓
20	✓	9-10-01	✓	✓	✓
21	✓	9-10-01	✓	✓	✓
22	✓	9-10-01	✓	✓	✓
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Claim	Date				
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If more than 150 claims or 10 actions  
staple additional sheet here

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